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PTO/SB/122 (06-03)  
Approved for use through 11/30/2005. OMB 0651-0035  
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Application Number	09/632,897
Filing Date	8/7/2000
First Named Inventor	Chang
Art Unit	2157
Examiner Name	Burgess, B.
Attorney Docket Number	186.1004.01

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☒ Attorney or Agent of record. Registration Number **33,040**

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Typed or Printed Name **Steven A. Swernofsky**

Signature *SA Swernofsky*

Date **February 5, 2004**

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/632,897
		Filing Date	Aug 7, 2000
		First Named Inventor	Chang
		Group Art Unit	2157
		Examiner Name	Burgess, B.
Total Number of Pages in This Submission	2	Attorney Docket Number	186.1004.01

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
Signature	<i>SA Swernofsky</i>	
Date	02-05-2004	

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